

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21046

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** BARKLEY CIRCLE DENTAL CENTER, P.A.

**Current Principal Place of Business:**

45 BARKLEY CIRCLE  
FT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

45 BARKLEY CIRCLE  
FT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 59-2075192      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILL, GREGORY G  
45 BARKLEY CIRCLE  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HILL, GREGORY G  
Address: 45 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907 US

Title: DVT  
Name: AHMADI, ANISSA  
Address: 45 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: DVS  
Name: MCDOWELL, HOPE  
Address: 45 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY G. HILL, DDS

PRES

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date